

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

Establish 3340 Owner Fauily Owner's A SOO V Person in G Sabriag Responsible	Ment Addr Stak R Dollar Address Ivo Pol Charge Harke Tood Mana	Heress (1	ail	Purpose: Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow Summa C Menu T	9/20	Z R Q
• CRITICAI • VIOLATIO	L ITEMS A) ON(S) REPE	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS O FROM PREVIOUS INSPECTIONS ADE DEVICE TO THE PROPERTY OF THE	MARKED "C"			
Section#	C/NC	R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S Narrative	UMMARY OF VIOLATIONS" A	ND IN THE		
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218	MC	_	observed netal freezer to have toute	V dlens		1.da	,
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			Discussed Covid19 protocol inc	chiling masks			
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eceived by (s	ignature).			Inspected by (signature):	ngram aj	(LFS)	
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Family P. UN

Floyd County Health Department Inspection Notes							
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			CFH:				
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